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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:		
Commissioner for Patents **Mail Stop RCE** **P.O. Box 1450** **Alexandria, VA 22313-1450**	Application Number	09/366,678
	Filing Date	08/04/1999
	First Named Inventor	Bellovin
	Group Art Unit	2665
	Examiner Name	Thien D. Tran
	Attorney Docket No.	113335C

This is a Request for Continued Examination under 37 C. F. R. § 1.114 of the above-identified application.

1) Submission required under 37 C. F. R. § 1.114
   - a) ☐ Previously submitted:
     - i) ☐ Consider the amendment(s) / reply under 37 C. F. R. § 1.116 previously filed on 12/09/02. (Any unentered amendment(s) referred to above will be entered).
     - ii) ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on
     - iii) ☐ Other
   - b) ☒ Enclosed:
     - i) ☒ Amendment / Reply
     - ii) Affidavit(s) / Declaration (s)
     - iii) Sheet of Additional Drawing
     - iv) ☒ Petition for Extension of Time to Reply
     - v) Other

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2) Miscellaneous:
   - a) ☐ Suspension of action on the above-identified application is requested under 37 C. F. R. § 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months. Fee under 37 C. F. R. § 1.17(l) required).
   - b) ☐ Other

3) Fees: The RCE Fee under 37 C. F. R. § 1.17(e) is required by 37 C. F. R. § 1.114 when the RCE is filed.
   - a) ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 502,186
     - i) ☒ RCE Fee required under 37 C. F. R. § 1.17(e).
     - ii) ☒ Extension of time fee (37 C. F. R. §§ 1.136 and 1.17).
     - iii) ☒ Any Other Required Fee.

OFFICIAL

CORRESPONDENCE ADDRESS

☐ *Customer Number or Bar Code Label* | Customer Number - | *or* ☒ *Correspondence address below*

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COUNTRY	USA			**FAX**	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Ronald D. Slusky	REG. No.	26585
TELEPHONE	732-249-0900		
SIGNATURE		DATE	10/02/03

CERTIFICATE OF MAILING AND TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage thereon, in an envelope addressed to: Commissioner for Patents, BOX RCE, Washington, D.C. 20231, or facsimile transmitted to the U. S. Patent and Trademark Office on this date: 10/02/2003

Name (Print/Type)	Ronald D. Slusky		
Signature		Date	10/02/2003

PATENT APPLICATION FEE DETERMINATION RECORD

Effective JANUARY , 2003

Application or Docket Number: 09366678

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	28 minus 20=	* RCE
INDEPENDENT CLAIMS	4 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	~~750~~.00
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

B

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 28	Minus	** 46	=
Independent	* 4	Minus	*** 7	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

C

AMENDMENT B	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 28	Minus	** 46	=
Independent	* 4	Minus	*** 7	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.